

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 591 360

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1						
2		1					
3							
4							
5							
6							
7		1					
8							
9							
10							
11							
12		1					
13							
14	1						
15							
16	1						
17		1					
18							
19							
20		1					
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23		1					
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30							
31							
32		1					
33							
34							
35							
36							
37							
38							
39	1						
40							
41	1						
42		1					
43	1						
44							
45	1						
46	1	1					
47	1						
48							
49		1					
50			80				
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51	1						
52							
53							
54							
55							
56							
57	1						
58							
59	1						
60	1	1					
61							
62		1					
63	1						
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95							
96							
97							
98							
99							
100							
TOTAL IND.			13				
TOTAL DEP.			73				
TOTAL CLAIMS			86				

OB